

Engelmann (Geo. J.)

Reprint from the St. Louis Courier of Medicine, March, 1882.

Characteristic Labor Scenes AMONG THE YELLOW, BLACK AND RED RACES.¹

BY GEO. J. ENGELMANN, M. D., ST. LOUIS, MO.

Professor of Obstetrics in the Post-Graduate School of the Missouri Medical College: Fellow of the American Gynecological Society: Fellow of the Obstetrical Society of London, and of the London Pathological Society, etc.

AS I have described the posture of women and the methods of treatment habitual among various people in the different stages of labor, I will now relate individual labor scenes among Mongolians, Indians and Negroes, which may be regarded as typical, so far as that is possible. And these will, I trust, serve for the better understanding of the peculiarities in the management of childbirth as customary among these races.

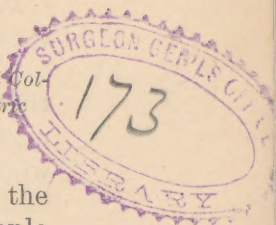
MONGOLIANS.

The Japanese and the Ainos, the aborigines of Japan, as well as the Calmucks, must serve as a type of the yellow races: the obstetric customs of the former are so well described by my friend Dr. J. C. Cutter, of Kaita Kuschi, Lap-pou, Japan, in his kind response to my circular letter, that I can do no better than follow him *verbatim*, after picturing the treatment of the pregnant woman as detailed to me by Dr. N. Kauda, of Tokio.

JAPANESE.

Dr. Kauda says: "During the fifth month after conception the pregnant woman first consults a midwife, who binds her abdomen with a band of cloth, one foot wide and six and one-half feet long, which is never removed until the

¹ This interesting description of labor scenes among the yellow and black races is from a book on Labor in Different Nations, soon to be issued by the publishing house of J. H. CHAMBERS & Co. In our April number we shall give our readers the corresponding description of the red races.—[Ed.]



Put on one card

delivery of the child, although occasionally changed. This binding of the abdomen is for the purpose of preventing the growth of the child, in order that delivery may be made easy. About three times a month the midwife comes to rub the abdomen, and in the seventh month preparations are made for the approaching labor."

In reference to the present inhabitants of Japan, Dr. Cutter says :

"With regard to the assistants who attend the parturient woman, I may state that it is very rare that a man is present during confinement; the lady (or coolie-woman) is assisted in her labor by a *samba-san*—i. e., a female in reduced circumstances. Usually this is not an educated midwife, but some elderly woman, or widow, who has been taught her duties by a former *samba-san*.

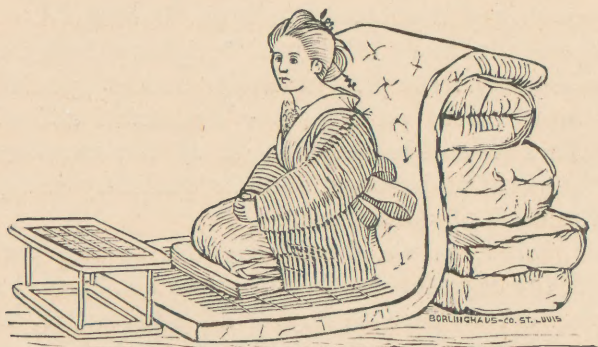
"At present there is a school at Tokio for the education of midwives; and at all of the hospitals in the empire instruction can be secured from the medical officers of the same, by women desirous of becoming midwives. The 'Home Department Instructions,' issued in the 9th year of Meiji (1876) contains the following :

"ART. 2. Anyone desirous to become an obstetrician, oculist or dentist, can obtain a license after he or she has satisfactorily passed an examination in the general principles of anatomy and physiology, and in the pathology of such parts of the body as he or she has to treat.'

"Such is the regulation; in Tokio its provisions may be insisted upon—in other parts of the empire I have doubts about its enforcement.

"The Japanese women are healthy, well formed, and well developed, as they have not been injured by the fashionable-torture apparatuses in use in Europe and America. Hence, in the majority of the cases, the *samba-san* has only to receive the child and to remove the placenta. The Japanese females all have roomy pelves, and naturally they do not look forward with dread to their confinement, having, moreover, implicit confidence in the powers of nature to do all that will be required in their case.

“When the time of confinement approaches, a thick, padded *futon* (i. e., a thin, cotton-filled mattress) is placed on the *tatamé* or straw matting. At one end a number of *futon* are rolled up and used as cushions, against which the parturient reclines, occupying the usual Japanese posture,



i. e., as in the illustration. The knees are bent, the legs under the thighs, and to the outside, the toes outwards; the knees are separated during the delivery of the child. Before the patient are often placed a pile of *futon* or a chair or peculiar stool, against which she leans; in other cases a female friend takes the usual posture in front of her, and another behind her to support the weary body, to hold her head, and even to exert a hugging pressure about the abdomen. The *samba-san* rubs the abdomen, lightly percusses it, and even exerts pressure. Later she receives the child as it presents and holds it up while being expelled. The uterus is not followed down by abdominal pressure.

“The placenta is obtained in the same posture; in almost all cases the *samba-san* puts two loops on the cord, severs it and waits for the placenta to appear. Occasionally she uses traction and abdominal pressure. After this a thick sash, or *obé*, is wound several times about the body, and the mother then reclines upon the *futon*.

“During pregnancy, the ladies avoid unpleasant sights, sounds and conversations. They will not eat of rabbit or hare, willingly, for fear of the production of ‘hare-lip:’

in some provinces they will eat no flesh during this period, in others, during the last twenty-one days of the pregnancy, the woman withdraws to a separate room—a wealthy lady to a separate house. This seclusion is continued for twenty-one days after delivery; then she also has food prepared apart from that of the remainder of the household.

“Before confinement additional religious duties are not often undertaken: the patient rarely makes special visits to the temple, rarely enlarges her charitable duties. She merely takes several baths, changes all her garments, sets aside changes of under-wear, and now patiently and quietly awaits the workings of nature.

“After labor, as we should say during the period of child-bed, the Japanese mother keeps to her house twenty-one days. On the seventh day, if all is favorable, or later, on the twenty-first day after delivery, a dinner is given to all the relatives. If it is a boy, there are then great rejoicings and long-drawn out wordy congratulations; if a girl, all expressions are severely moderated.

“If a girl, on the thirty-first day, if a boy, on the fiftieth day, the mother, the child, and special female friends go to the temple. The *Bonze* recites special prayers, and gives the mother a special protecting prayer written on the temple paper, which is many times folded and then deposited in a girdle-bag.

“Some peculiar customs are observed with regard to the after-birth: the umbilical cord is severed from the placenta, wrapped in several thicknesses of white paper, then in a paper containing the father’s and mother’s names in full. Thus prepared it is laid aside with the family archives. If the child dies, it is buried with him; if he lives to adult age, he constantly carries it about with him, and at last it is buried with him.

“The placenta itself is taken from the room in an established form of earthen vessel: if it is a boy’s, a stick of India ink and a writing brush are placed with it; if a girl’s, nothing. In either case, the placenta is buried deep in the earth, beyond the reach of dogs.”

THE KARAFUTO AINOS, OF ISCHARI VALLEY OF
HOKKAIDO (YEZO).

"Among these people, the original inhabitants and rulers of Japan, the parturient is assisted by an elderly female, who has had several children, but is not specially instructed for her office, nor especially selected for her intelligence. Other females, at times, come to the hut, but take no active part. If the labor is much delayed, and the woman becomes exhausted, her husband is called in to help support her; the priest is sent for, to prepare some white sticks, which are shaved down from one end to form an object not unlike a New England split wood broom, whose fibers have not been bent back to be confined by the cord; these latter are stuck into the ground about the hut, leaving the frayed edges upper-most. If an arm or a leg presents, the fetus, whole or part, is pulled away by sheer force, usually with fatal result, not only to the fetus, but to the mother. Their resorts in difficult cases are very limited, and it is not infrequent for the mother to perish from hemorrhage. The only instrument in use is a thong or cord for traction during impaction or mal-presentation.

"As the Ainos *meuoki* not only spins and weaves the tree-fibers, but aids in hunting, fishing, bearing burdens and drawing loads, she is usually of a strong, vigorous frame, and of excellent development. She possesses a roomy pelvis with well proportioned adjuncts, and rarely suffers from disease, excepting syphilis, parasites, and occasional indigestion from gluttony.

"*Position.*—The houses in which the people live are very rude; sometimes a cave in the hill-side, with a hole in the roof for smoke; more often, a rude pole structure, thatched on roof and sides with long wild grass. In the center of the one large room is an open fire; at one end of the room may be a narrow board floor; around the sides of the room are collections of straw and old garments, upon which men, women, children and dogs sleep promiscuously. The

wealthy ones have a few blankets, an occasional *futon*, and now and then a *tatami*. The majority live in a very wretched manner.

"Scanty preparations are made for approaching labor; shortly before full time the expectant mother gathers a small amount of a peculiar fine white grass, which is carefully dried, and, on the day of the delivery, spread out on the floor or ground on one side of the fire. During the early part of the labor she attends to simple duties, or reclines at pleasure on the straw or mats. At the onset of active labor pains she approaches the fire, drops on her knees, then separates them, and rests back on her heels, while her toes are extended outwards. The midwife faces her; between them a rope with knots or cross sticks is suspended from the roof. This is seized by the parturient, who pulls lustily upon it. The midwife helps to sustain her in this position. The child is dropped on the straw between the mother's legs, and is not molested until the placenta appears. A noose is put about the cord, when the latter is cut. The midwife takes up the child, and spurs a mouthful of cold water upon its chest; if it screams lustily it is a good child, otherwise, not much is thought of it.

"*Placenta*.—The patient remains in her position, and the placenta usually appears in a short time; if not, the old woman pulls it out. From this latter procedure, hemorrhages are not infrequent. I have yet to learn that massage or pressure is used at this stage. A tree-fiber girdle is now assumed outside of the usual *kimono*, or flowing garment.

"The labor usually lasts from eight to forty-eight hours. The child is not washed, but is wrapped up in an old *momu* (a cloth made of the inner fibers of a yezo tree): it is allowed to suckle from three to five years, and even longer, and is carried about on its nurse's back under the outer garments and next to the skin.

"They have no obstetrical instruments. Abortions are

practiced occasionally as well as feticide, which is usually brought about by blows, compression, and external violence. Infanticide is extremely rare, as the mothers have a tradition that the next child will be blind.

“The Ainos live as nearly as possible in a state of nature. They have little or no ceremony at child-birth; before labor, the mother pursues her ordinary avocations as long as she can; after it is over, she considers it her duty to resume her work as soon as possible. The father and the friends often imbibe of rice *saké* too freely. I have learned of no religious or superstitious ceremony.”

CALMUCKS.

The Calmucks, the most numerous of all the Mongolian people, may well serve as a type of the natural Mongolian, as they are nomads, without a fixed home, roaming over mountain and plain, unaffected by civilization; whether belonging to Europe or Asia, they inhabit only the most remote and inaccessible parts of either country, and yet they are far in advance of the nomads of the far north. For their medical knowledge the Calmucks are indebted to the Buddhists, to the schools of Thibet, founded for the Lamas; among them medicine is a divine knowledge, and possesses its especial idol, Burchan. For the following excellent description of their obstetric customs I am indebted to Dr. Rudolph Krebel's work: *Volksmedizin und Volksmittel verschiedener Völkerstämme Russlands*. (Leipzig & Heidelberg. 1858.)

“As soon as labor begins, the friends of the patient assemble; their idol is brought forth, conspicuously placed above the sufferer's couch, and illuminated with a lamp. The parturient now takes to her bed in expectation of the coming pains, during which she squats, her buttocks resting upon her heels, grasping with her hands a pole, which is firmly attached to the chimney, and of sufficient length to afford her a comfortable support; behind her sits another woman, who compresses her body with both arms; but, if

in better circumstances, the husband takes some vigorous young fellow into his 'kibitke,' who, after being hospitably treated, takes his seat on the floor, with the parturient on his knees, and with his arms encircling her body, he compresses the abdomen and with the palms of his hands rubs the uterine surface, being careful to stroke it from above downward, and to exercise compression in the same direction. As soon as the female attendant observes the appearance of the head in the vulva, she signals the crowd of men who have been waiting outside, who simultaneously fire their guns, in order to assist nature by the sudden fright which this will cause the patient. The poor either buckle broad leather belts around the abdomen of the patient as soon as labor begins, and try to hasten matters by pressure from above downward, or they press a cloth firmly over mouth and nose of the woman to try the effect of choking, so that the exertions of the struggling sufferer may possibly expel the tardy fetus.

"It is said that in difficult cases female assistants have for ages practiced version, and physicians among the Songars have performed embryotomy with the knife. We hardly need mention that superstitions play an important part in their management of labor.

"The young mother is looked upon as unclean for three weeks after confinement; she is never abed at any time over seven days during the puerperal state. Immediately after delivery mutton is given the patient, but only a little at a time, whilst broth is given in considerable quantities; the amount of meat used is gradually increased.

"As soon as the child is born, the cord is tied and cut, and the placenta buried at a considerable depth within the 'kibitke.' The child is washed in salt water and wrapped in furs. The remnant of the cord is carefully preserved, and kept as a charm, considered especially valuable in their petty lawsuits. Until the remnant of the cord separates from the child, the father does not permit fire from his hearth to be taken from his hut. The wealthy sometimes keep a

wet nurse; the poor nurse their own children, not unfrequently up to the very time when prevented by a succeeding pregnancy. Additional nourishment is given the child during the first year. During the first days the infant is not given the breast, but a piece of raw mutton tallow to suckle. The mortality is great among children, especially during the second year, on account of coarse food and hereditary syphilis."

NEGROES.

LOANGO-NEGROES.

I have chosen the Bafiotos, or negroes of Loango—a people of Central Africa—as representatives of the Blacks, as they are a fair type, somewhat above the majority of their neighbors; and because I am enabled to follow closely the excellent description of their traditions and customs by Dr. Peschuel-Loesche in the *Zeitschrift fuer Ethnologie* for 1878 (*Inidiscretus aus Loango*, p. 17). Menstruation seems to begin with the thirteenth, more rarely the twelfth year, and the cleanliness of the people does not permit an interruption of the daily bath, even during the continuance of the monthly flow. The idea of uncleanness during the period, and during child-bed, prevails among the Loango women, as among most of their neighbors; and while menstruating a female must not approach or enter the huts of men. Woman among the Loangos, ranks higher than among most African tribes, and instead of the long, pendent breast which the negroes ordinarily cultivate, the Bafiotto woman prides herself upon a firm mamma, and binds or straps the breast in case it threatens to drag; hence a Loango woman does not develop a long breast, and is never seen, like many of her black sisters, carrying on her back a suckling child, which is nursing the breast thrown over the shoulder.

They are a moral people; religious ceremonies, continuing many days, accompany the appearance of menstruation in the girl; for days she is isolated; strict laws govern the

act of cohabitation, and the seduction of a maiden is looked upon as a misfortune which has befallen the entire land. They delight in children; hence abortion, as may be supposed, rarely occurs among this people, although sometimes practiced by elderly females of immoral character, who dread confinement; and they effect it by eating freely of red pepper, and by kneading and compressing the abdomen.

Twins and triplets are not killed; deformed children are quickly put aside; such as have only slight deformities are sometimes permitted to live; but even a mother's love cannot save them in case that popular feeling should be such as to consider them, for some reason or other, as possessed of any witchcraft.

It depends merely upon an accidental combination of circumstances whether an ill-formed child is doomed as a "ndodschi" (deformed bearer of misfortune), or simply as a "muana-mu-bi" (ugly, bad child); no fault is found with the mother. This superstition may go so far as to accuse a still unborn child; the mother is then given a poison bark, which is used in the official test ordeals, in the firm belief that the "ndodschi," if such a one exists, will be rendered harmless by being aborted—in case the mother should die in the ordeal her guilt is thus proven.

The pregnant woman is not forbidden to cohabit; she avoids garments of a red color, wearing white or blue, or simple native bark-fiber; she drinks no more rum lest the child should be marked, but this superstition is rapidly losing ground.¹ Charms favorable to women are erected in the hut, and worn upon the body—wise women, "ngangas" and neighbors are of course consulted.

The act of parturition is not difficult as a rule, and within a few hours the mother is enabled to again take up her accustomed work. Skilled assistance of any kind is unknown—men are not permitted to be about. In difficult cases the neighboring huts, with a feeling of delicacy, are cleared; the children sent out of the village,

¹ Evidently a very decided proof of advancing civilization.

and the assistants raise their voices in order to drown the lamentations of the patient in the general noise. Confinement takes place whilst the patient is standing, leaning against the wall, or kneeling, inclined forward, resting upon her arms, because the desired head-presentation is supposed to come about most readily in this position. The child is caught upon a bit of cloth or matting, that it may not touch the ground. If labor is retarded, the patient seeks her couch, casts herself down prone upon her stomach, and thus seeks to further labor by mechanical pressure. If expulsion is not furthered by these means, the assembled women take charge of the case, especially if a primipara; arms and legs are seized, whilst some old woman, who squats down, takes the head of the patient upon her lap, presses a gag firmly upon mouth and nose in order to choke the sufferer, so that finally the child is forced out amid the spasmodic convulsions that follow. These means rarely fail—better ones at least are not known. Rupture of the perineum is not unfrequent. If a woman is overtaken with labor pains away from friends and help, she prevents at least that the child should fall to the ground and carries it home well covered.

The placenta is wrapt up and buried—secrecy of their labors seems to be entirely due to the prevalent feeling of modesty. The navel string is measured off to the double length of the first joint of the thumb, or to the knee, and is then cut, not with a knife, but with a sharp edge of a leaf-stalk of the oil palm. The assistants then seat themselves about a fire which has been lighted in the hut, and pass the new born babe from lap to lap, whilst with well-warmed hands the navel string is compressed and its drying off thus greatly hastened. This object is attained within twenty-four hours; the parched and deadened remnant is thrust off with the thumb nail and cast into the fire, lest it should become food for the rats. If this should be devoured by them the child grows up wicked. Until the cord has been separated from the body and has been burnt, no male, not even the father, is admitted to the hut.

During the first days the child is not given the breast—the qualities of the colostrum seem recognized; at least this is called “tschida fuenna,” and the milk later “tschiali.” In order to further the flow of milk the young mother drinks hot water for many months, and washes herself with a decoction of the leaf of the castor-bean plant. The genitals are cleansed and rubbed with bunches of these same leaves, well soaked in water, until all secretions cease.

The young mother takes frequent baths in some secluded spot, not too far from her hut; she seats herself in a slight excavation in the ground, which has been lined with mats, and whilst her assistants or friends are pouring hot and cold water alternately over her body, she is thoroughly kneaded and rubbed—massage. The child, especially in case that it should perspire, is bathed several times a day in cold water, into which charms have been dipped. The new born child remains within the hut for two or four months. The father and other men can only see it after the navel string has separated from the body, and even then only if they have not cohabited during the preceding night. The negroes themselves assign the suspicion of their wives as a reason for this exclusion, because they wish to retain control of them and prevent them from becoming dissolute, as mothers are prohibited from sexual intercourse during the period of lactation. This period averages twelve or fourteen months, but varies greatly, as some wean their children when the first teeth appear; others when they begin to talk. No Loango mother trusts her child to the care of another; they nurse the child just as civilized mothers do; they even hold down the breast with the fingers in the same manner. The breast is only given at certain times, no other food being offered in the intervals. The child seizes a part of the areola in addition to the entire nipple.

During the first months, while the child is carefully confined to the hut in which it was born, the mother goes out at will attending to her duties; but the homes of the men she

dare not enter, not even that of her husband, whose visits she, however, receives, as the father loves to fondle his baby; later, the mother carries her baby in a cloth tied to her back, and even sometimes quite a large child is carried astraddle of her hips, a position in which the father is proud to carry about even his good-sized offspring. The Loango mother is very fond of her child, and it is no wonder, when we consider the attractive, oddly humorous, jolly appearance of the little negroes. Whilst the children are confined to the hut, two names are given them—a boy is called Nsau (elephant), a girl, Mputa (love, chickey). Their first appearance outside of the hut gives rise to a holiday; the mother, in festive garments, receives the villagers and their congratulations, whilst seated in front of her hut with her child upon her arms. A name is given the newcomer with a kind of baptism by some relative, usually the uncle, and, if we may so express it, citizenship is thereby extended to him.

SAINT LOUIS COURIER OF MEDICINE

—AND—

COLLATERAL SCIENCES.

Published for the
Medical Journal Association of the Mississippi Valley.

The **COURIER OF MEDICINE** is published monthly, in the city of St. Louis, under the auspices of the Medical Journal Association. It is the aim of the Association to conduct a journal which shall represent the medical interests of the Mississippi Valley; both by enabling the practitioners, in this extensive region, to present their experiences in the treatment and pathology of diseases, as met with in daily practice, as well as to bring to them, in a concise and practical way, the results of scientific research elsewhere. We believe that we are justified in saying, that the objects of the journal have been faithfully carried out. The **COURIER** being the property of a large number of physicians, residing in different portions of the surrounding states, and representing widely varied interests, is thoroughly independent, and free from the control of local influences.

The Association desires to call the attention of the profession to the special features of the **COURIER**:

Original Communications. This department will consist of papers on general questions in medicine, and on the etiology, diagnosis, therapeutics, and pathology of special affections.

Original Lectures. Arrangements have been made by which we shall be enabled to present to our readers, didactic and clinical lectures, from physicians connected with the various schools and hospitals of the United States and Europe.

Society Proceedings. We shall give, during the coming year, monthly reports of the **ST. LOUIS OBSTETRICAL AND GYNECOLOGICAL SOCIETY**, and the **ST. LOUIS MEDICO-CHIRURGICAL SOCIETY**. The papers read before the **OBSTETRICAL SOCIETY**, will likewise appear in this journal. As in the past, our own reporters will attend the conventions of all State and National medical and sanitary bodies. The proceedings of county and district organizations, will find a welcome place in our columns.

Editorials. Our editorial space will be devoted to critical reviews of important medical topics, giving briefly and concisely the sum of recent progress in all the departments of medicine, surgery, and the collateral sciences.

Monthly Reports on Therapeutics. In each issue of the journal will be published, carefully prepared extracts, taken from the original sources, in our large list of home and foreign exchanges, of everything that relates to the treatment of disease. This feature has met with the cordial approval of practical men.

Reviews. Particular attention will be given to critical and analytical reviews of books, which shall be honestly made, uninfluenced by any other considerations than the actual merit of the work under notice.

Correspondence. Our department of correspondence will contain letters from the various sections and cities of this country and from Europe, treating upon all matters of interest and profit to the profession.

Extracts, Abstracts and Notes. All articles of real value, in our home and foreign exchanges, short items of interest, appointments and honors, etc., etc., will find a place under this head.

Translations. These will appear regularly in each number, thus giving to our readers the benefit of our German, French and other exchanges.

SUBSCRIPTION: \$3.00 per annum; Single Number 35 Cents.

Address **J. H. CHAMBERS & CO.,**

401, 403, 405 N. THIRD STREET, ST. LOUIS.

Address Exchanges, Books for review, and all matter pertaining to the Literary Department to **DR. E. M. NELSON**, Editor, cor, Garrison and Easton avs., St. Louis, Mo



